

**KANSAS STATE BOARD OF PHARMACY
PRECEPTOR-INTERNSHIP AFFIDAVIT**

I, _____, hereby certify that I am currently licensed to
NAME OF PRECEPTOR
practice pharmacy in the State of Kansas with License No. _____ and that
_____ entered the _____ School
NAME OF INTERN NAME OF PHARMACY SCHOOL
of Pharmacy as a pharmacy student on _____ and was in my employ and under
DATE OF ENTRANCE
my supervision performing duties, preparing pharmaceutical preparations and keeping
records and making reports required under State or Federal statutes and complying with
the regulations governing the Preceptor-Intern program at _____
NAME OF PHARMACY

ADDRESS OF PHARMACY
The above stated intern obtained _____ hours during the months of _____,
OF HOURS 1ST MONTH WORKED
_____ and _____ in the year of _____. The dates are itemized
2ND MONTH WORKED 3RD MONTH WORKED YEAR
and totaled on the reverse side of this sheet or on an attached sheet.

Kansas Intern Permit No. _____. Date of registration _____

The hours on the reverse side were obtained after being registered with the Kansas Board
of Pharmacy.

Preceptor's Work Tel. _____ Intern's Home Tel. _____

Intern's Permanent Address _____
CITY STATE ZIP

Intern's Present Address _____
CITY STATE ZIP

I further certify that to the best of my knowledge and belief, the above stated intern is of
good moral character and is not addicted to the use of alcoholic beverages or narcotic
drugs.

Preceptor's Signature
(Do not sign until the Notary requests you to do so.)

Subscribed and sworn to before me this _____
DATE

My appointment expires _____
NOTARY PUBLIC